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MMCD Policy Letter 11-009  
Update to Policy Letter 00-002

DATE: April 14, 2011  
TO: All Two-Plan and Geographic Managed Care Health Plans  
SUBJECT: Update to Health Plan Provider Directory Policy and Guidelines

## PURPOSE

The purpose of this Policy Letter (PL) is to add additional instructions for the format, content and updating of Medi-Cal managed care health plan (health plans) provider directories established through MMCD Policy Letter 00-002. This PL establishes policy and guidelines for the use of standardized physical accessibility indicators in health plan provider directories and complements PL's 02-002 and 10-016. Upon completion of a provider facility site review (FSR), health plans will incorporate applicable physical accessibility indicators into the provider directory by using the data obtained through Attachment C of the FSR tool. All Two-Plan and Geographic Managed Care (GMC) health plans must begin incorporating the requirement of this PL beginning February 1, 2011. County Organized Health System plans must satisfy these requirements beginning November 2, 2012, but are encouraged to begin on June 1, 2011.

## BACKGROUND

Welfare and Institutions Code section 14182 permits the Department of Health Care Services (DHCS) to enroll Medi-Cal only Seniors and Persons with Disabilities (SPDs) into health plans on a mandatory basis. The Centers for Medicare and Medicaid Services approved the California Section 1115 Medicaid Demonstration Waiver entitled "Bridge to Reform," which included the federal approval to enroll SPDs on a mandatory basis into health plans. In preparation for SPDs transition into health plans, DHCS must ensure that the physical accessibility information for each provider site is presented in a clear and concise format in the provider directory.

## GOAL

The goal of this PL is to provide policy and guidelines for the standardized use of physical accessibility indicators in all provider directories to assist SPDs in locating physically accessible provider sites.

## **POLICY**

Beginning February 1, 2011, PL 10-016 requires health plans to review a provider site's physical accessibility using Attachment C of the FSR tool. Data obtained from Attachment C of the FSR tool must be used to determine and identify physical accessibility indicators that must be incorporated in health plan provider directories. Health plans must include the physical accessibility indicator definitions from Table B (attached) in the instruction section of the provider directory.

In accordance with Policy Letter 10-016, to determine the physical accessibility of provider sites, the following steps must be followed:

1. The health plan must evaluate each provider site using Attachment C of the FSR tool.
2. After the provider site evaluation has been completed, the health plan will use Table A (attached) to identify whether the provider site meets the required elements for any of the six physical accessibility indicators. Table A is included on page two of Attachment C.

For example, the first physically accessibility indicator listed in Table A is 'P' for Parking. If a provider site meets elements 3, 7, 8, and 11 of Attachment C, the provider directory must include a 'P' physical accessibility indicator for that provider site.

3. Once step two has been completed for all six of the physical accessibility indicators, the health plan must list the applicable physical accessibility indicator(s) to the provider directory listing for that provider site.
4. In addition to listing the physical accessibility indicators in the health plan's provider directory, a DHCS-approved accessibility symbol must be listed before the word "Accessibility". This symbol is followed by the physical accessibility indicators.
5. Health Plans must include, at a minimum, a physical accessibility symbol, followed by the word "Accessibility," a colon (:), and the physical accessibility indicators separated by commas.

The example below shows a provider directory listing that includes the correct provider directory format and three physical accessibility indicators:

|   |                      |
|---|----------------------|
| Mike Smith, M.D.  | Provider ID#: 1234   |
| <i>Family Practice</i>  | Board Certified: Yes |
| Valley Health Center  | Accepts All Ages     |
| 1234 A Street   | 916-123-4567         |
| Sacramento, CA 12345  |                      |
| Hours: M-F (8:30-5)   |                      |
| Hospital(s): General Medical Center   |                      |
| Languages: English, Spanish   |                      |
|  Accessibility: P, 1B, E |                      |

Table B (attached) provides a definition for each of the six physical accessibility indicators.

DHCS is revising contract language to include the requirements outlined in this PL. All Two-Plan and GMC health plans are required to submit a revised provider directory to DHCS, no later than May 2, 2011. Submission of the health plan's revised provider directory to DHCS by May 2, 2011 will provide assurance to DHCS that a health plan has begun to incorporate the physical accessibility indicators and definitions in the provider directory.

If you have any questions, please contact your Contract Manager.

Sincerely,

**Original Signed by Tanya Homman, Chief**

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Table A

| <b>Accessibility Indicator</b> | <b>Must Satisfy these Criteria</b>  |
|--------------------------------|---|
| P = Parking                    | Critical Elements (CE): 3, 7, 8, 11   |
| EB = Exterior Building         | (CE): 14, 20, 22, 23, 25, 27,28, 31   |
| IB = Interior Building         | (CE): 31, 34, 37,<br>If lift include: 40 <sup>1</sup> ,<br>If elevators include: 53, 54 <sup>2</sup> , 55 <sup>2</sup> , 56 <sup>2</sup> ,<br>57 <sup>2</sup> , 58 <sup>2</sup> |
| R = Restroom                   | (CE): 65, 67, 68, 71, 75, 77  |
| E = Exam Room                  | (CE): 80, 85  |
| T = Exam Table/Scale           | Medical Equipment Elements (ME):<br>81, 82, 83, 86  |

Table A corresponds with Attachment C of the FSR

Footnotes

- 1 - Only required if the building has a lift.
- 2 - Only required if the building has an elevator(s).

## Table B

### **P = PARKING**

Parking spaces, including van accessible spaces(s), are accessible. Pathways have curb ramps between the parking lot, office, and at drop off locations.

### **EB = EXTERIOR BUILDING**

Curb ramps and other ramps to the building are wide enough for a wheelchair or scooter user. Handrails are provided on both sides of the ramp. There is an "accessible" entrance to the building. Doors open wide enough to let a wheelchair or scooter user enter, and have handles that are easy to use.

### **IB = INTERIOR BUILDING**

Doors open wide enough to let a wheelchair or scooter user enter, and have handles that are easy to use. Interior ramps are wide enough and have handrails. Stairs, if present, have handrails. If there is an elevator, it is available for public/patient use at all times the building is open. The elevator has easy to hear sounds and Braille buttons within reach. The elevator has enough room for a wheelchair or scooter user to turn around. If there is a platform lift, it can be used without help.

### **R = RESTROOM**

The restroom is accessible and the doors are wide enough to accommodate a wheelchair or scooter and are easy to open. The restroom has enough room for a wheelchair or scooter to turn around and close the door. There are grab bars which allow easy transfer from wheelchair to toilet. The sink is easy to get to and the faucets, soap, and toilet paper are easy to reach and use.

### **E = EXAM ROOM**

The entrance to the exam room is accessible, with a clear path. The doors open wide enough to accommodate a wheelchair or scooter and are easy to open. The exam room has enough room for a wheelchair or scooter to turn around.

### **T = EXAM TABLE/SCALE**

The exam table moves up and down and the scale is accessible with handrails to assist people with wheelchairs and scooters. The weight scale is able to accommodate a wheelchair.